

The Triple Crisis: Why Humanitarian Organisations (and Others) Need to Do More for the Central African Republic

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On 12 December 2013, Médecins Sans Frontières (MSF) published an open letter to Valerie Amos, United Nations (UN) Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator.¹ The letter was issued after months of bilateral advocacy by MSF towards UN humanitarian agencies and other NGOs to increase their emergency response to the crisis in the Central African Republic (CAR).

The March 2013 coup d'état in CAR had brought to power a military alliance of rebel groups known as the Séléka, and the months that followed were filled with violence. The Séléka mainly, but not exclusively, targeted the majority Christian population, abusing and killing civilians in a bid to control the country. By the summer, self-defence militias called AntiBalaka had organised themselves locally to rid their villages and towns of the Séléka, and started to attack Muslim communities who they viewed as in league with the new regime. Following gruesome violence perpetrated by both the Séléka and the AntiBalaka, rural villages were abandoned and over 400,000 people were displaced, leaving only the bigger cities inhabited.

The CAR population had known decades of low-intensity conflict, but the level of fear gripping the country in 2013 was unprecedented. It culminated on 5 December with a coordinated attack by the AntiBalaka on the capital, Bangui. The arrival of French troops to disarm the Séléka led to a power vacuum, the result of which was bloodshed. President Michel Djotodia was pressured into stepping down in January 2014, and attacks on Muslims followed by revenge killings against Christians took place around the country as the ex-Séléka withdrew from Bangui. The AntiBalaka increased the number of attacks against Muslim communities in the North and West of the country, and what had started as a fight against the Séléka was now directed at all Muslims. The AntiBalaka took it upon themselves to 'clean up the country', ridding it of people they perceived as foreigners while also attacking convoys of displaced Muslims along the roads to Northern CAR and violently pillaging Bangui's Christian

quarters in a general atmosphere of impunity and lawlessness.

Despite the extreme level of violence and displacement experienced by the people living in CAR, their situation went largely unnoticed by international politicians and the media in 2013. This was what prompted MSF to raise the country's profile through its public communications as of July of that year. Repeated rounds of meetings with UN officials across field locations in CAR and in the UN offices in Geneva and New York had not yielded tangible results, explaining the public call for action. Months after MSF urged the UN to reinforce its capacity on the ground what has changed?

The violence in CAR reached its peak between December 2013 and January 2014, when the clashes between the Séléka and the AntiBalaka were at their worst. It should, however, be noted that the violence levels recorded since March 2014 are still significantly higher than those from before March 2013. The attacks have mainly been concentrated in areas where there are Muslim enclaves, such as the PK5 neighbourhood in Bangui, and also along the evolving frontline between the two zones of control, which runs from Ouham-Pendé to the towns of Bambari and Grimari in Ouaka. The current violence includes the targeting of civilians seen as pro-AntiBalaka in areas controlled by the Séléka, criminal violence by certain AntiBalaka members targeting everyone in areas under their control, and long-running conflicts between sedentary agriculturalists (mostly Christians) and armed (Muslim) Peuhl pastoralists.

There are two main reasons for the decline in violence. One is that the Séléka and most of the Muslim population have either withdrawn or been driven out from AntiBalaka-controlled areas and there are therefore fewer people to target. The second is the presence of international troops. In general, whenever international forces arrive in an area, the levels of violence drop. For example, in February in Carnot, the AntiBalaka descended on the town as soon as the Séléka withdrew; the four days of violence that followed only ended with the arrival of

UN-mandated and African Union-led Mission Internationale de Soutien à la Centrafrique (MISCA) soldiers.

Yet, the reduction in the levels of violence has not necessarily made it safer for humanitarians to operate in the country, and risks for aid workers at field level have increased in some areas. Much of Bangui, certain towns and some roads are relatively safe for humanitarian workers, though this in large part depends on the presence or absence of belligerents and international military forces. Those areas adjoining the new frontline between Ouham-Pendé and Ouaka have become more dangerous, as this is where the violence has moved to. Some areas have become a 'no man's land' where several armed groups can operate without interference and where humanitarian organisations can only work at considerable risk to their staff.

The humanitarian community has made visible efforts to increase the work being done in CAR, but the results for the population have so far been uneven. In December 2013, the situation was declared a 'level 3 emergency' and this resulted in a short-term surge of experienced UN international staff arriving in the country. UN agencies and international NGOs (INGOs) have since expanded their previously very weak field presence: the number of humanitarian workers outside Bangui has more than doubled. However, while it is easy to see the increased input, it has been harder to observe meaningful results. Overall, there have been some piecemeal achievements in the delivery of humanitarian assistance and we are far from a situation of 'unacceptable performance' as was described in the December 2013 open letter, but much more still needs to be done.

While the increased assistance and protection remains too little and has come too late and without a sense of urgency or obligation, humanitarian aid has contributed to the stabilisation of the situation, at least in some hard-hit areas. However, in a statement on 1 June, six months after the level 3 declaration, the UN's Humanitarian Coordinator said of the internally displaced people (IDP) camps in Bangui: 'I am deeply shocked to see so many people still living in terrible conditions.' This is in reference to the easiest to reach target population in the country. What does that then say about the situation of those living in more remote areas? The sad reality is that the coverage of humanitarian needs across the country remains insufficient, particularly outside the cities, leading to a high number of preventable deaths. The emergency response in CAR continues to require an urgent scale-up in line with the assistance gaps that only reinforce the vulnerability of

communities looking to start their life over with a minimum of sustainability.

The number of displaced people in CAR has declined in recent months, but this does not mean that the emergency phase is over. Instead, what we are now seeing is the re-emergence of CAR's long-term 'chronic emergency', but at a more serious and more debilitating level. While humanitarian efforts have up until now been largely concentrated on cities and towns, it is in rural villages that vulnerable populations are suffering the most. Hundreds of thousands of people are returning to their homes with next to nothing – and are still receiving very little humanitarian assistance.

In terms of health, we are only just beginning to see the medium-term consequences of the violence and displacement experienced by the people of CAR over the last year and a half. The population is in a severely weakened state of health and what health system was in place has now collapsed. Many CAR Muslims who were forced to flee to Chad and Cameroon are still facing a severe lack of assistance. Inside CAR, access to health care remains disastrous, especially outside the major

towns and cities. The malaria season, which has already started, seems likely to result in a high number of serious cases given the increased exposure of the population, who spent months sheltering in the bush. Food insecurity is also mounting, and will have significant

direct and indirect effects on the population's precarious health conditions with malnutrition rates growing at alarming rates and much faster than in previous years.

The international community has been largely indifferent to the situation in CAR, and political and humanitarian responses to the crisis continue to be slow. The guarded sense of optimism that a foreign military intervention and an increase in the provision of humanitarian aid would reduce the violence and lead to better protection for traumatised civilians has been dashed by the realities of the last few months: violence has moved to the more peripheral areas of the country but levels remain high. Towns across the North and West of the country have been largely emptied of their Muslim populations in a campaign akin to ethnic cleansing, something which was witnessed with anguish and a sense of powerlessness by MSF teams.

As yet, there has not been much discussion about the effect the UN-mandated MINUSCA (Mission Integree des Nations-Unies pour la Stabilisation de la Centrafrique) mission will have on the protection of civilians and on the overall security in CAR, including on the timely delivery of assistance by the humanitarian community. The MINUSCA launch in September 2014 is already having a

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significant impact on whatever humanitarians being are perceived as impartial and neutral by the civilian population and armed groups, especially as aid agencies request and receive MINUSCA armed protection. How MINUSCA handles the interplay of humanitarian assistance with the political requirements of supporting the rebuilding of a (nonfunctioning) state and developing its capacities will have far-reaching consequences as recent acts of violence targeting UN peacekeepers is clearly showing. MINUSCA and the rising number of aid agencies are also likely to use up much of the already weak and strained logistic and human resource capacity of the country, compounding its development and governance constraints.

The longer-term prognosis for CAR is very grim and the situation can perhaps best be described as a triple crisis, linking humanitarian needs, the country's governance to ensure long-term development and protection. All three individually require a viable resolution before any can be fixed. While humanitarians cannot be expected to solve the complexity of CAR's societal deterioration on their own, and different actors will need to take on the challenges of each crisis in a concerted man-

ner with all stakeholders, the crisis is far from being over and more must be done in the coming months to avoid an even more acute disaster.

Note

1. MSF, open letter to the UN humanitarian system (12 December 2013) [online]. Available from: <http://www.msf.org/article/car-open-letter-un>

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